

# 59<sup>th</sup> Medical Wing

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**U.S. AIR FORCE**

## 59 MDW Plastic Surgery Product Line Analysis

Information Brief  
Briefer: LtCol Julian  
Date: 24 Mar 05

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***Integrity - Service - Excellence***

# Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Product Line Review

# Revised Financing Overview

## Prospective Payment System

- **Goal 1:** Provide Care of your Prime Enrollees
  - In-house vs. “make vs. buy” to Private Sector
  - MTF responsible for all PRIME care rendered in both direct care and private sector
- **Goal 2:** Earn Revenue on Fee for Service (FFS) Basis
  - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- **Bottom-line:** We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

# Business Plan Overview

## Actual **59 MDW** Performance

### EY04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

 Bottom-line: **-\$9.4M**

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- FY05: 25% "At Risk"; FY06: 50%



# SA-MM Overview

## Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
  - Optimize efficiency between direct and purchased care markets
  - Eliminate duplicate services
  - Increase synergy and cooperation among San Antonio MTFs
  - Ensure patient satisfaction with access and quality service
  - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
  - Optimize provider mix across specialty lines
  - Move providers and add facility capacity to meet population demands
  - Conduct rigorous business planning for clinical service lines
  - Optimize Third Party Billing, Contracting and Pharmacy
  - Establish a SA-MM Consult, Appointment and Management Office

# CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
  - Encourages consolidation of clinical service lines
  - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

# Plastic Surgery Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review and Workload over Time
- Surgeries
- Private Sector Care/Purchased Care
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections

# Plastic Surgery Clinic

## Plastic and Reconstructive Surgery

- Clinic provides care in all aspects of plastic and reconstructive surgery
  - Repair of congenital deformities
  - Correction of complex craniofacial abnormalities
  - Breast surgery
  - Head/neck, trunk/lower extremity reconstruction
  - Skin and soft tissue neoplasms
  - Treatment of complex wounds
  - Aesthetic surgery
  - Supports WHMC readiness mission and seeks to expand the plastic surgery role in humanitarian missions

# Plastic Surgery Clinic Description

- WHMC supports BAMC with sub-specialty coverage by organizing and maintaining the *Craniofacial Anomalies Board*
- BAMC supports WHMC with care of complex burn wounds
- Remainder of services provided at both facilities

# Plastic Surgery Clinic

## GME Program Status

- There is currently no residency program for plastic surgery at WHMC
- Provides training in plastic surgical techniques to General Surgery residents from both WHMC and UTHSC
- Support other departments in their training roles at WHMC
- Enables other specialties to practice their full scope of care by performing immediate breast reconstruction, head and neck reconstruction, post-ablative reconstructions and lower extremity soft tissue coverage

# Clinic Description

## Manpower and Staffing

	AUTHORIZED			ASSIGNED					
Providers	MIL	GS	Total		MIL	GS	K*	Total	Staffing
45S3G (sub-specialists)	2	0	2	45S3G	1	0	0	1	50%
P.A.s	0	0	0	Other	0	0	0	0	n/a
Total Providers	2	0	2		1	0	0	1	50%
	AUTHORIZED			ASSIGNED					
Support Staff	MIL	GS	Total		MIL	GS	K	Total	Staffing
46N3 (RN)	0	0	0	46N3	0	0	0	0	0%
4N171	1	0	1	4N171	1	0	1	1	100%
4N0X1 (actually 4V0X1A)	2	0	2	4N0X1	2	0	0	2	100%
4A0X1	0	1	0	4A0X1	0	1	0	1	100%
Total Support Staff	3	1	4		3	1	0	0	100%

### **1 Military Sub Specialists** (all providers)

Maj. E. Ferguson

### **Part-time**

Col. C. Hardin

Lt.Col. G. Arishita

- 1 Inbound 45S3G  
Summer 05

# Plastic Surgery Clinic Manpower and Staffing (Con't)

- MAPPG06 reduces authorizations from three providers to two at WHMC
- Resource Sharing Agreements and Contractors
  - None
  - Contractors for Plastic Surgery would cost approximately \$250-300K per annum
- AFMS-wide staffing outlook:
  - WHMC to drop to 2 from 3 authorized providers
  - Andrews AFB to eliminate its only provider
  - Keesler AFB to remain at 1 authorized provider
  - WPAFB to remain at 2 authorized providers (currently -1)
  - Travis AFB to remain at 1 authorized provider



# Plastic Surgery Clinic

## Clinic Initiatives

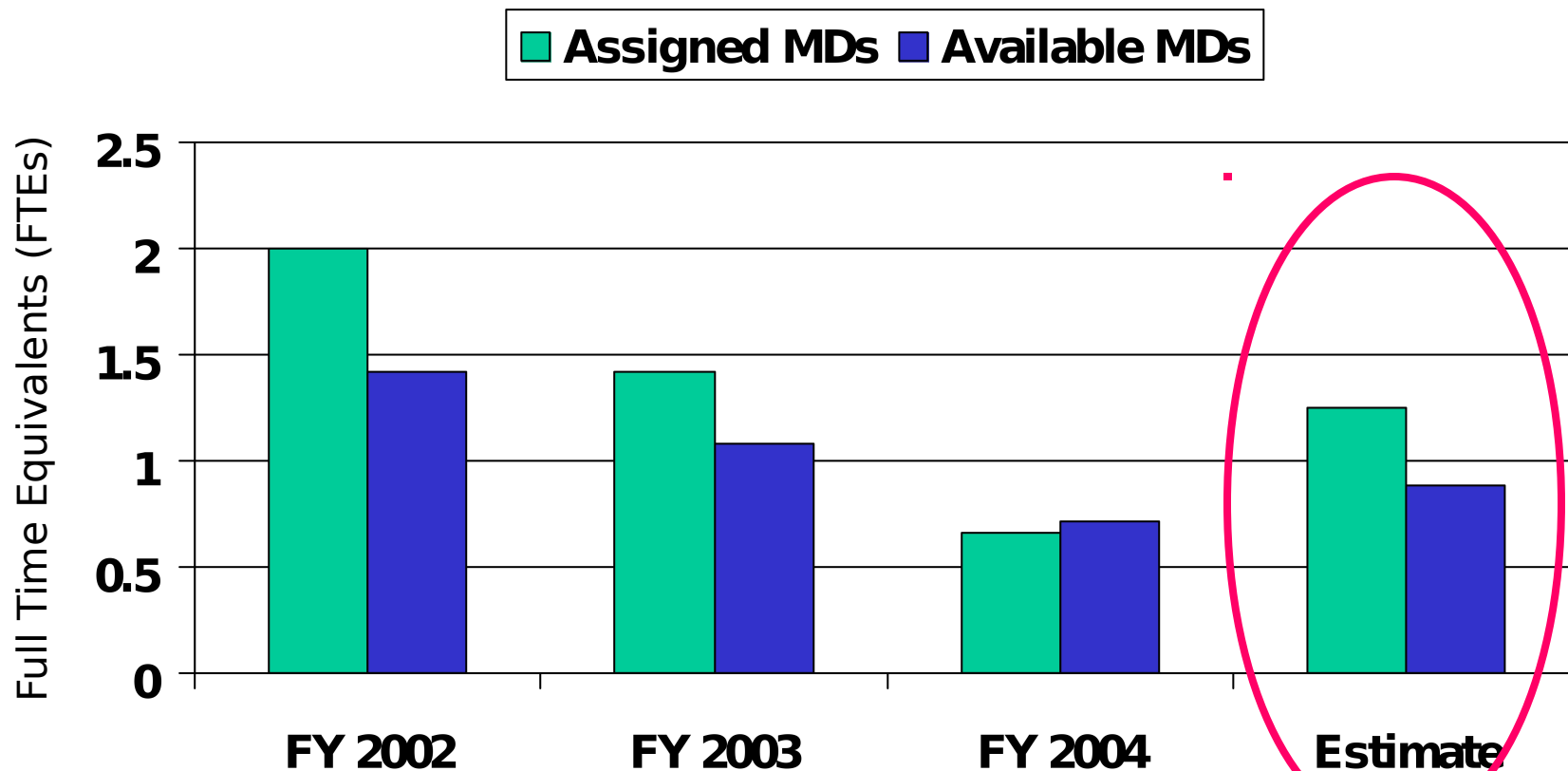
- Initiatives
  - Patients to be booked in the Plastic Surgery Clinic are contacted personally by office staff in order to minimize scheduling conflicts
  - All breast reduction consults are currently being evaluated to determine whether they may benefit from weight loss or other conservative measures prior to surgery or network deferral
  - Plastic Surgery technicians provide administrative support to the Neurosurgery Clinic which has four providers of its own

# Plastic Surgery Clinic

## Clinic Issues/Requirements

- Clinic access is currently an issue since there is only one full-time provider (remaining providers are in command positions)
- Current operating room schedule provides 1.5 operative days per week, which is inadequate to perform more than a small portion of the covered cases
- We expect this to improve with the arrival of an additional provider this summer
- A manning-assist reservist is scheduled to arrive this spring and should be helpful in partially clearing the current backlog

# Plastic Surgery Assigned/Available MDs (MEPRS)



- Ensure MEPRS data is accurate

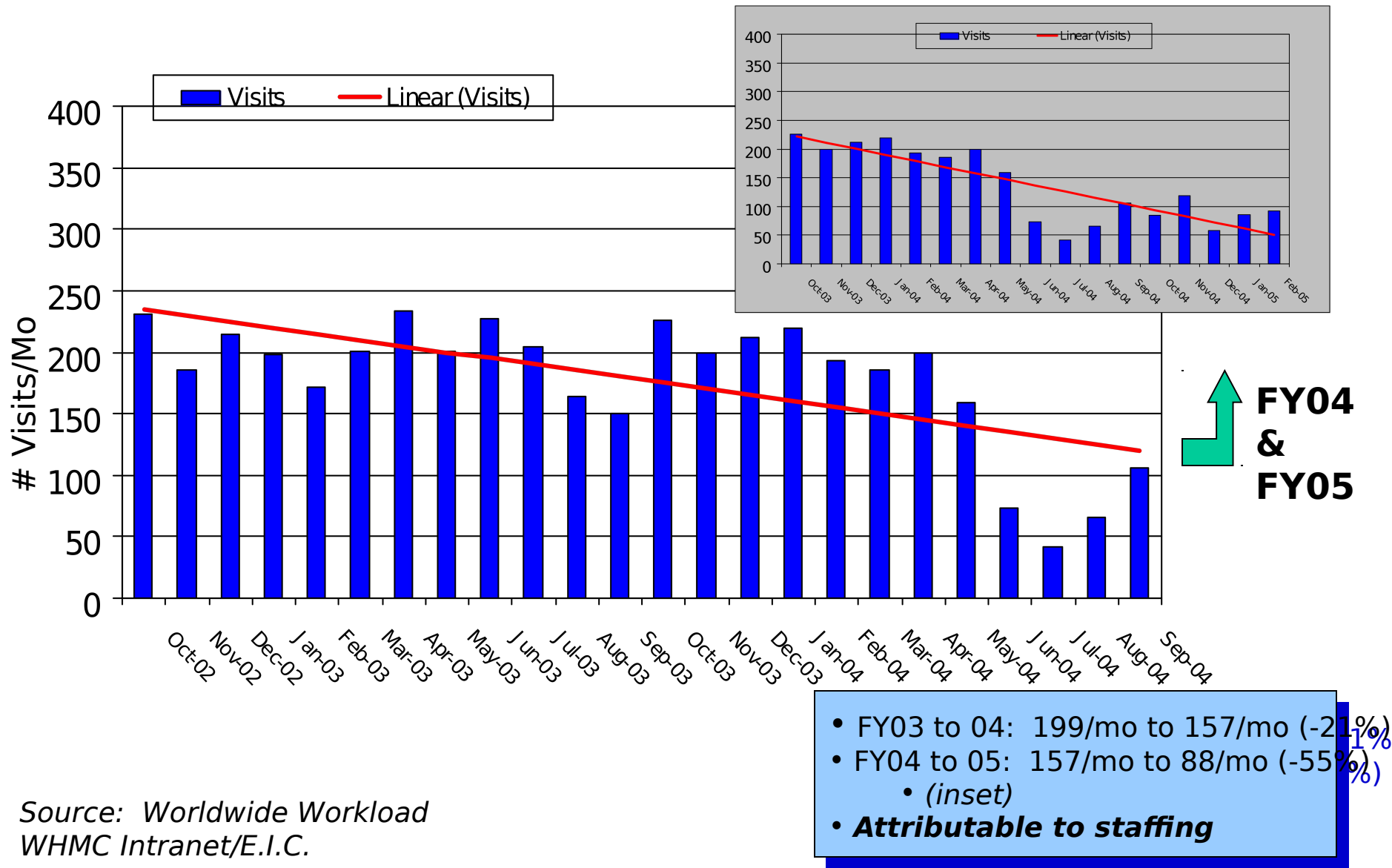
# Plastic Surgery

## Mobility and Other Deployments

- Physician Deployments (SGX Database)
  - FY03: None
  - FY04: None
  - FY05: Col Arishita in Sep 05 to Balad
- Taskings in Turtle Model:
  - As 45S3 Sub: 1,560 days at risk
    - Basic: 2 per cycle = 720 days
    - +25: 1 per cycle = 360
    - Aug: 2 in 1 / 2 and 5 / 6: 480 days
- Humanitarians:
  - FY03: Col Arishita 5 days to St Kitts.
  - FY04: Col Arishita 16 days to Ecuador; Col Arishita 17 days to Nicaragua

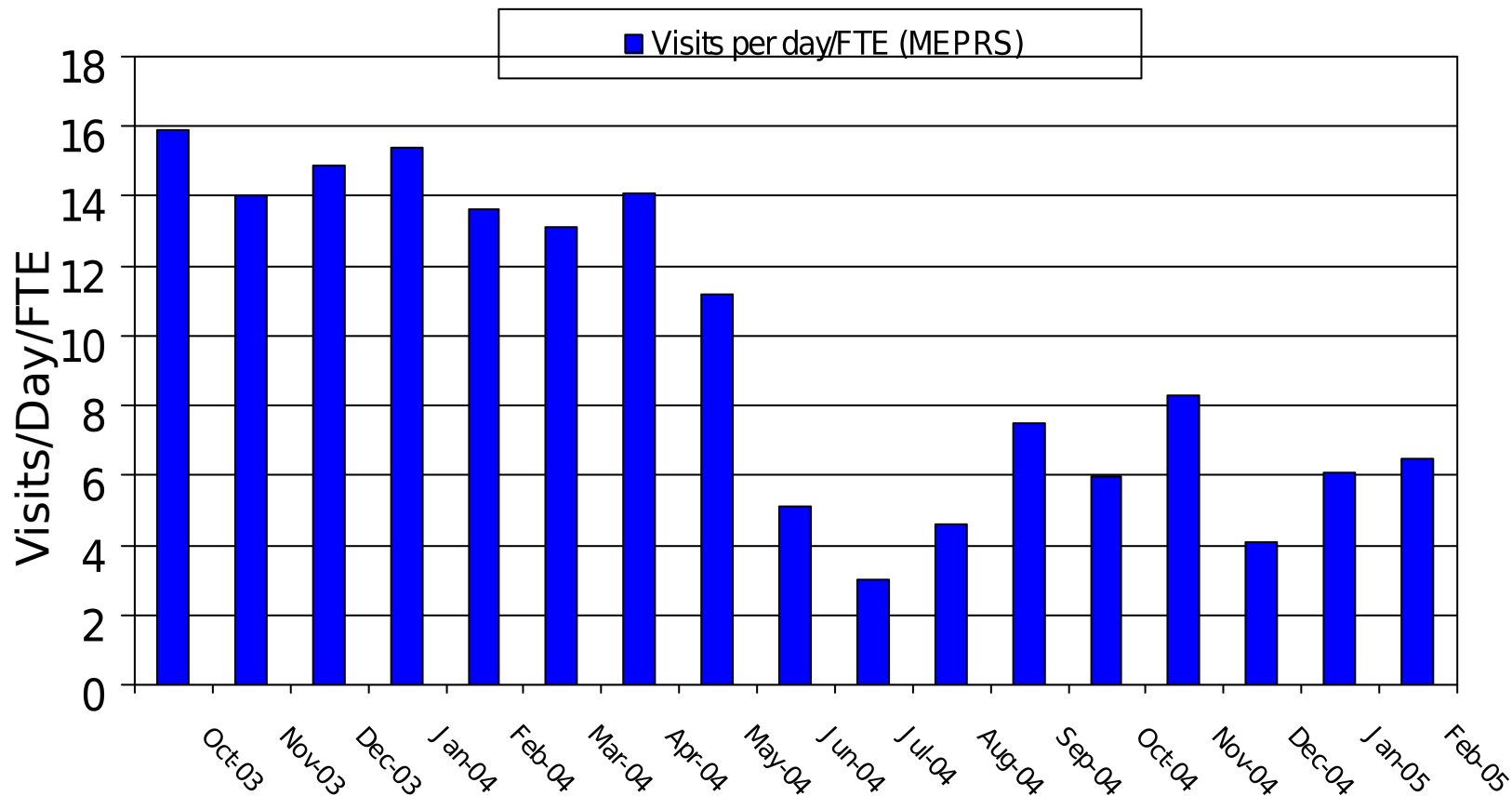
# Plastic Surgery

## Total OP Visits FY03-FY04



# Plastic Surgery

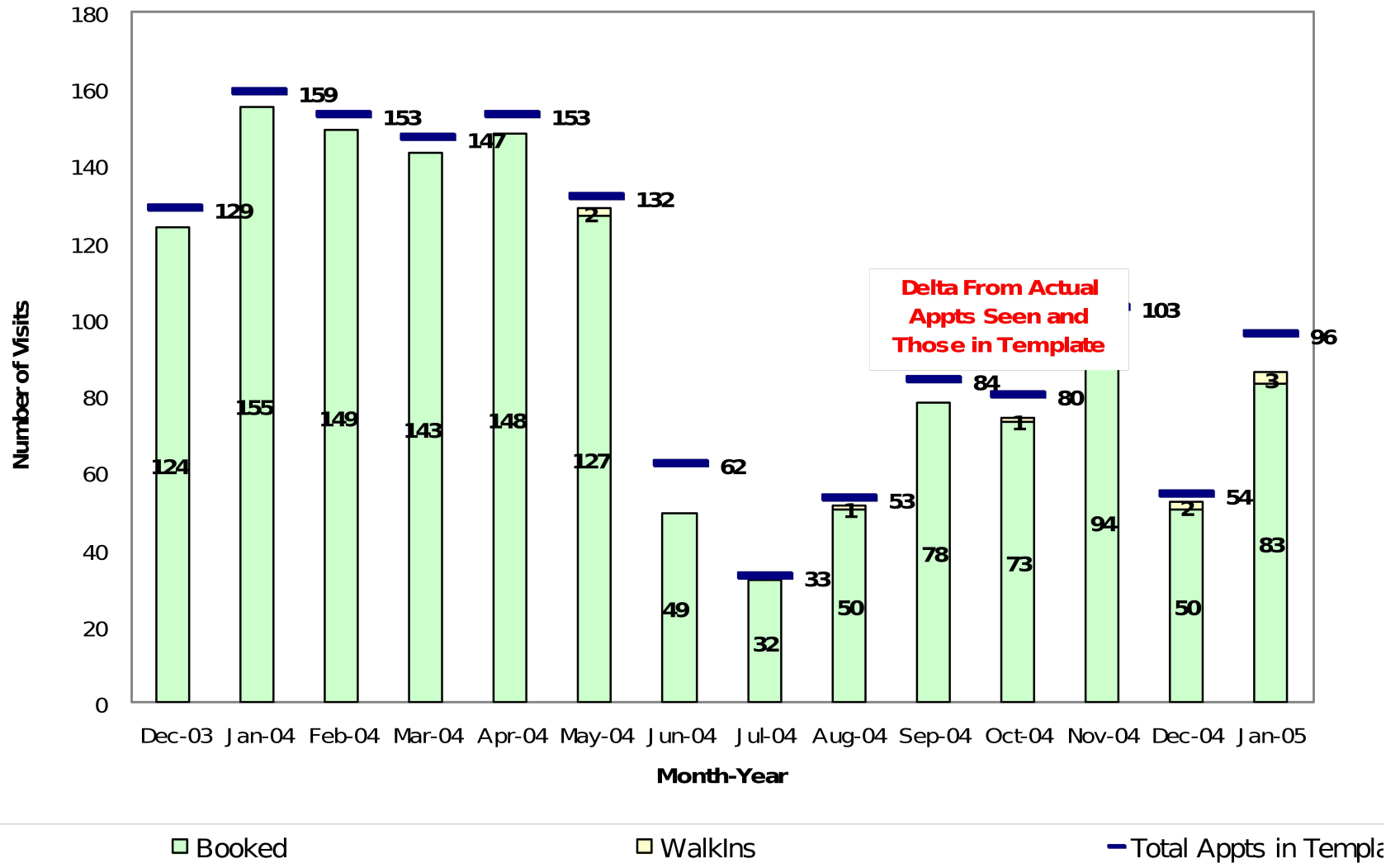
## Total OP Visits/Day/FTE



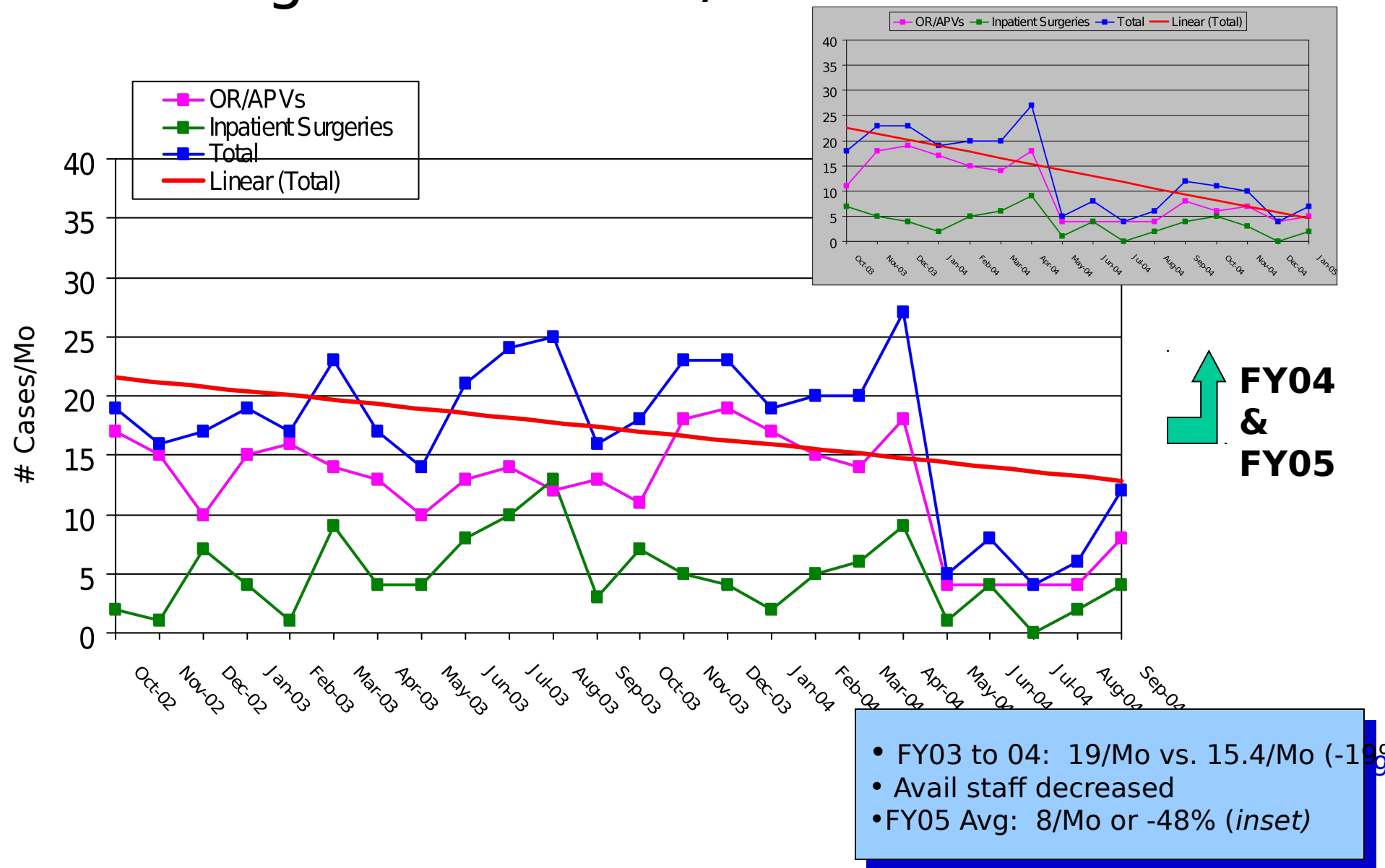
- Monthly x MEPRS Avail @ 20 days/mo
  - This is what Air Staff sees when they look at Visits divided by MEPRS available
- FY04 Avg: 0.71 Avail overall

- MEPRS: 6/day/FTE in FY05
- Ensure MEPRS corrected to give accurate picture of workload

# Plastic Surgery Clinic Templates (Dec 03 – Jan 05)



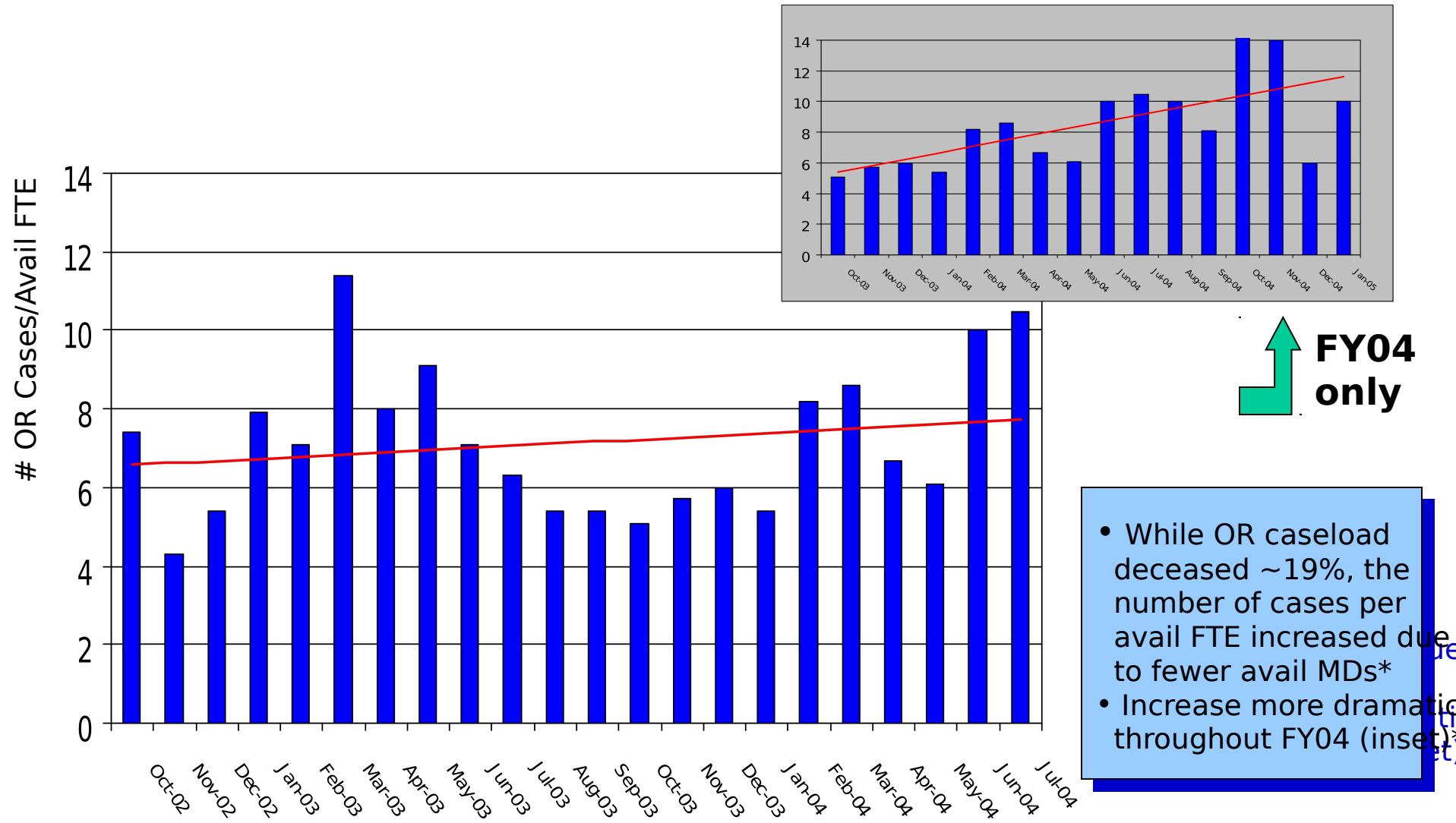
# Plastic Surgery Surgeries and OR/APVs FY03-FY04





# Plastic Surgery

## OR Cases/Avail FTE FY03-FY04

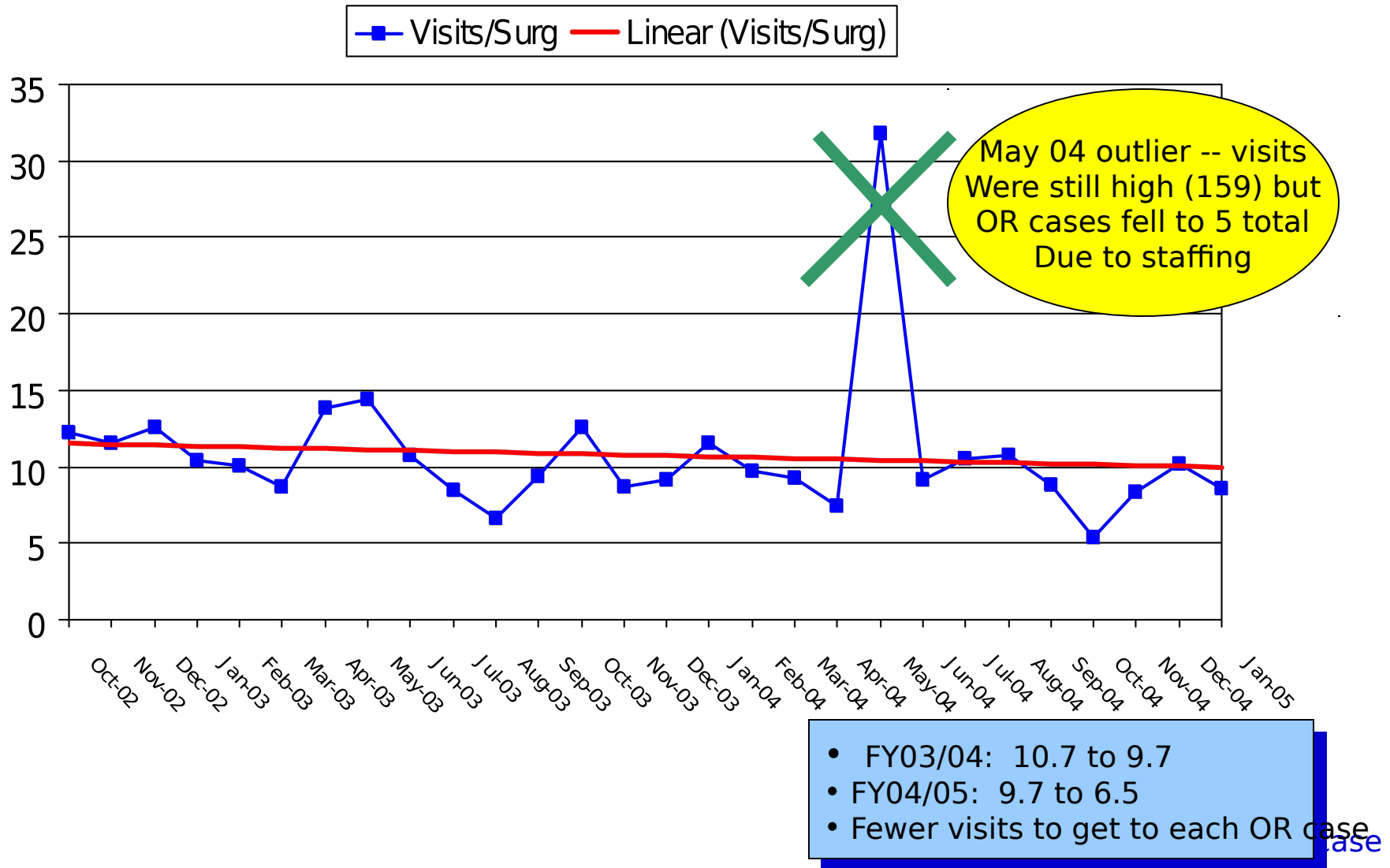


- While OR caseload decreased ~19%, the number of cases per avail FTE increased due to fewer avail MDs\*
- Increase more dramatic throughout FY04 (inset)

\* Late FY04/FY05 Data probably most realistic

# Plastic Surgery

## Visit per Surgical Procedure FY03- FY05



# Plastic Surgery

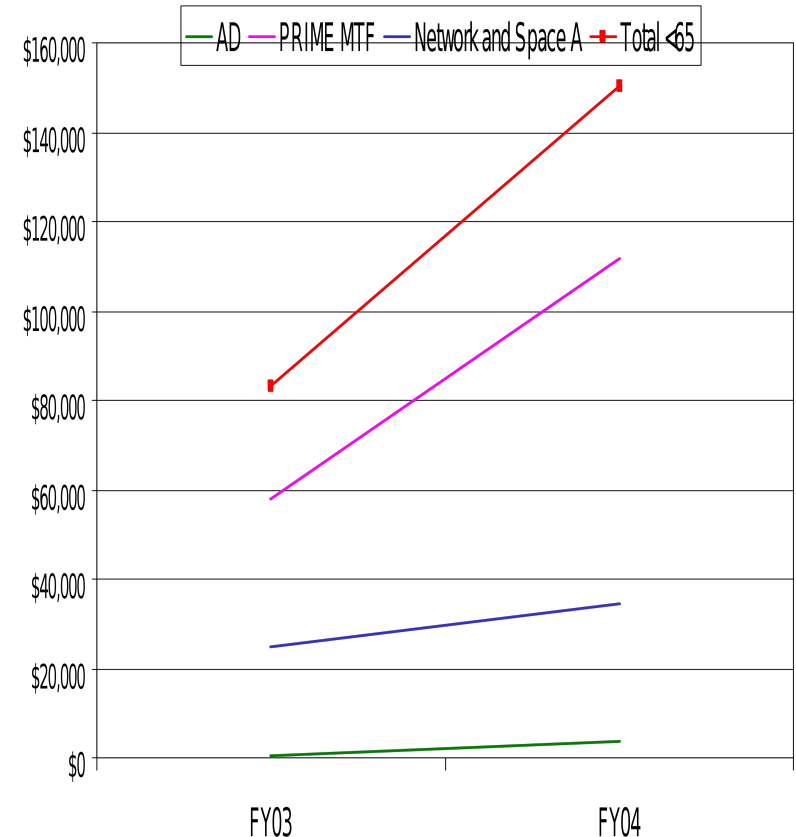
## Access to Care

- Standard for Specialty Appointments: 28 days
  - Avg Wait Time: 14 (as of Mar 05)

• **Meeting standard**  
for routine access to  
specialty care

# Plastic Surgery Private Sector Care

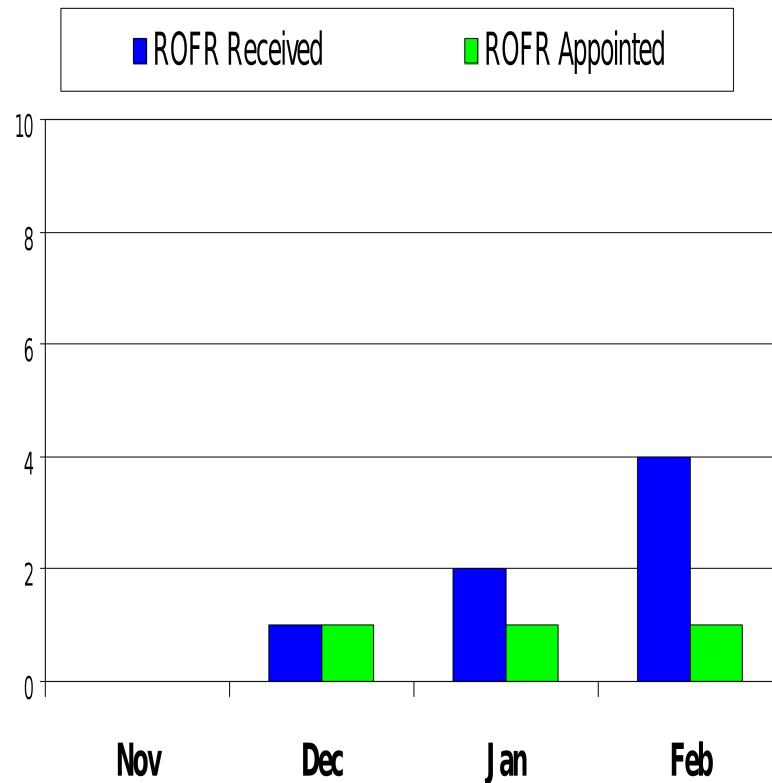
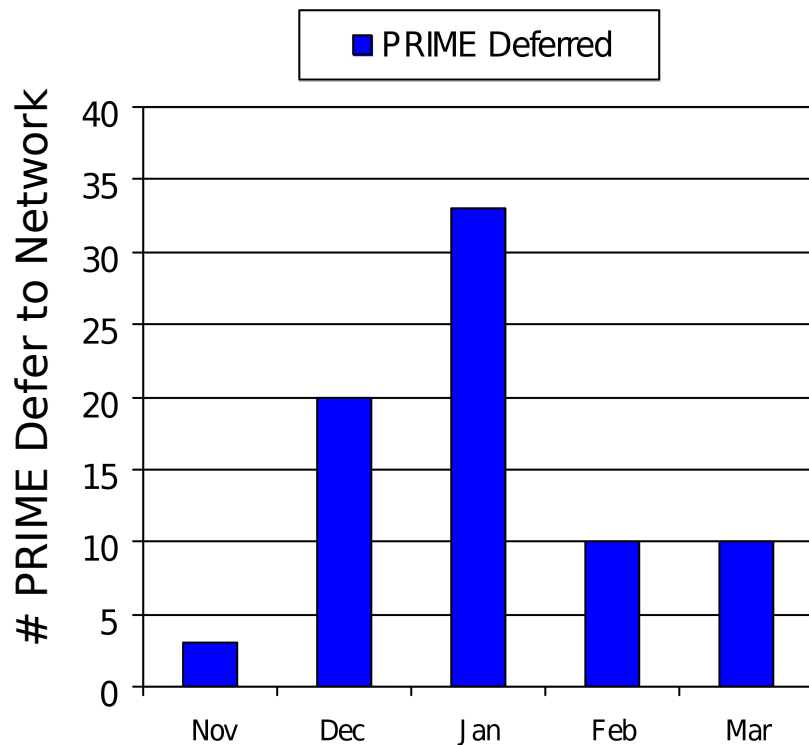
	FY03	FY04	FY05 (to date)
Active duty	\$ 234	\$ 3,726	\$ 462
BAMC PRIME	\$ 16,774	\$ 43,508	\$ 5,156
WHMC PRIME	\$ 31,609	\$ 46,028	\$ 8,763
RAFB/BAFB PRIME	\$ 9,690	\$ 22,357	\$ 3,584
Network Enrolled	\$ 9,722	\$ 16,524	\$ 3,908
Std < 65	\$ 15,124	\$ 18,138	\$ 1,363
<b>Total &lt;65</b>	<b>\$ 83,153</b>	<b>\$ 150,281</b>	<b>\$ 23,236</b>



**FY04 claims increased 81% overall and 93% for PRIME. PRIME claims distributed as follows: BAMC 39%; WHMC 41%; RAFB 20% (follows enrollment distribution)**

# Plastic Surgery

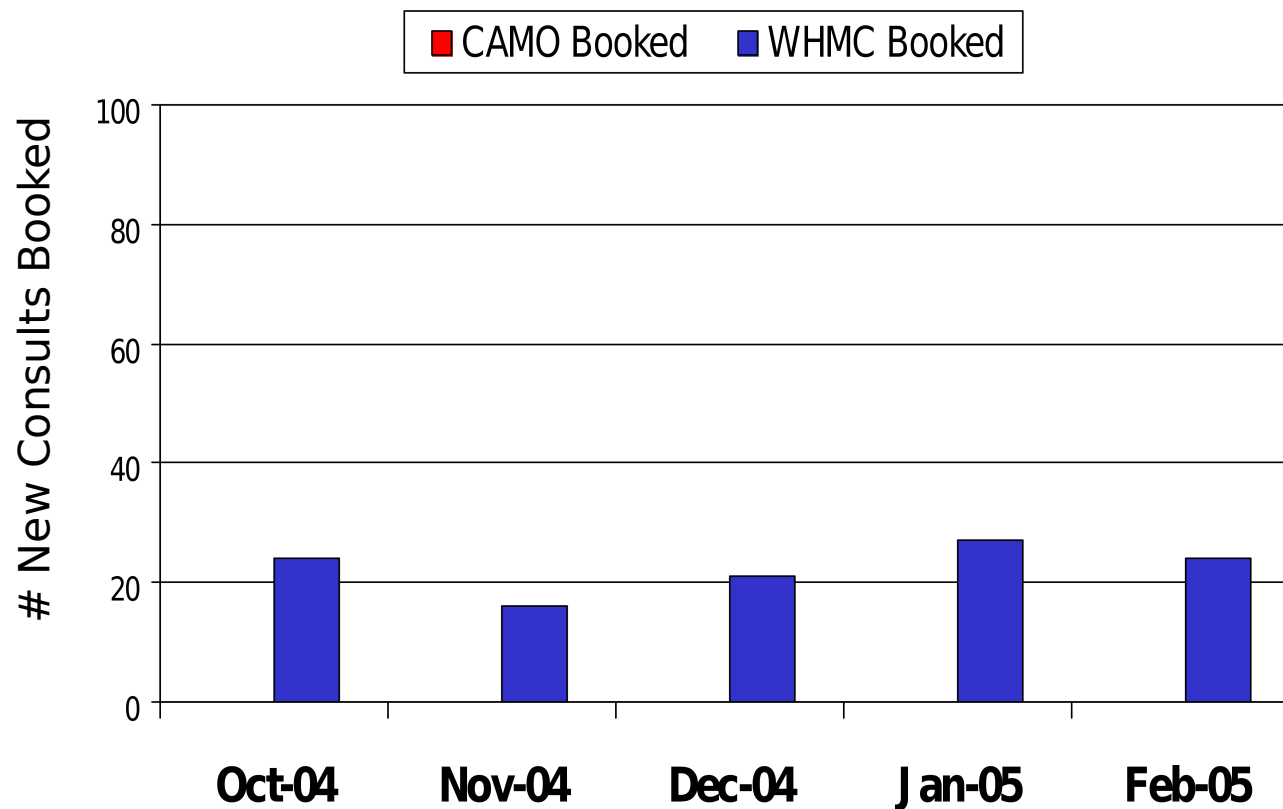
## FY05 PRIME Referrals and ROFR\*



\* *Right of First Refusal*

- 76 PRIME Deferred in since 1 Nov
- 3 of 7 or 43% of ROFR consults appointed

# Plastic Surgery CAMO Booking

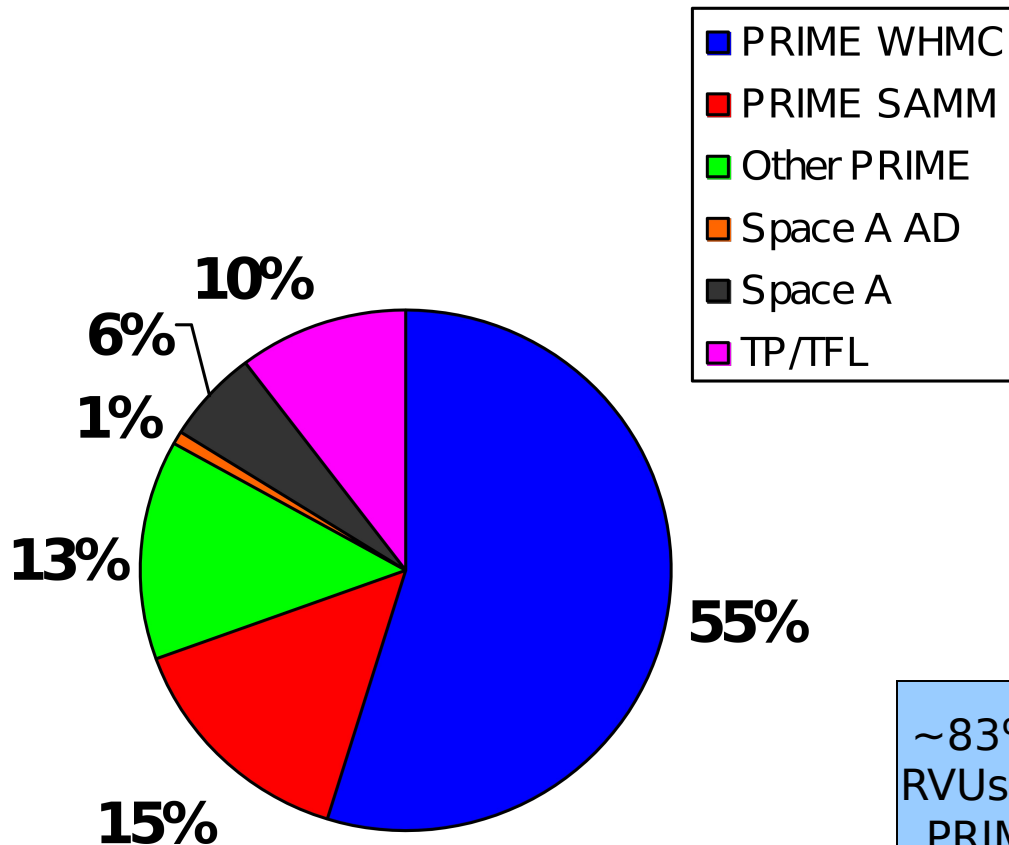


- No WHMC new consults being booked through the CAMO
- All Appts in CHCS are "\$" or "clinic booked only"

# Plastic Surgery Coding Analysis

Pending Results from 59 MDSS

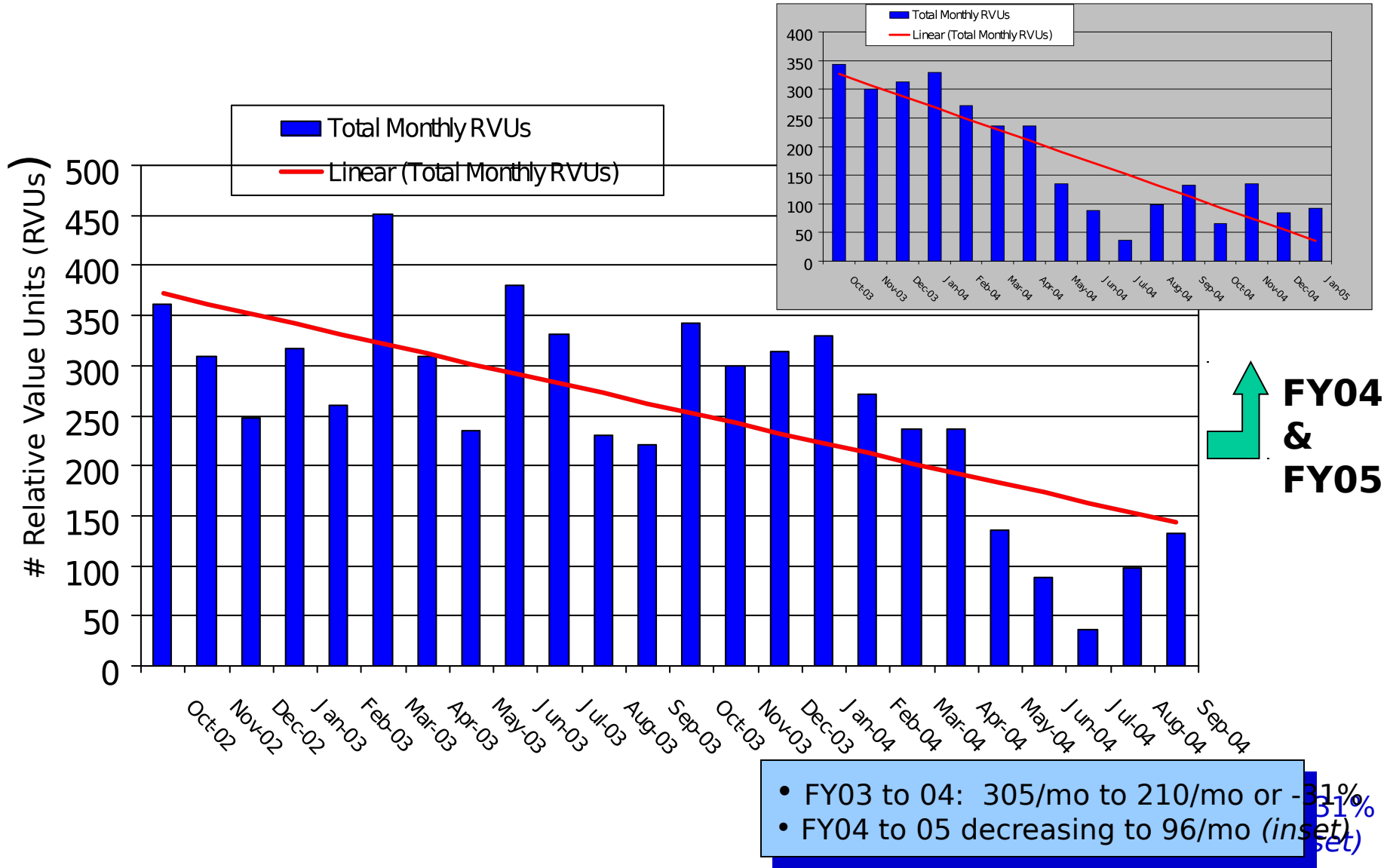
# Plastic Surgery Sources of RVUs



~83% of Plastic Surgery  
RVUs are generated from  
PRIME and AD patients

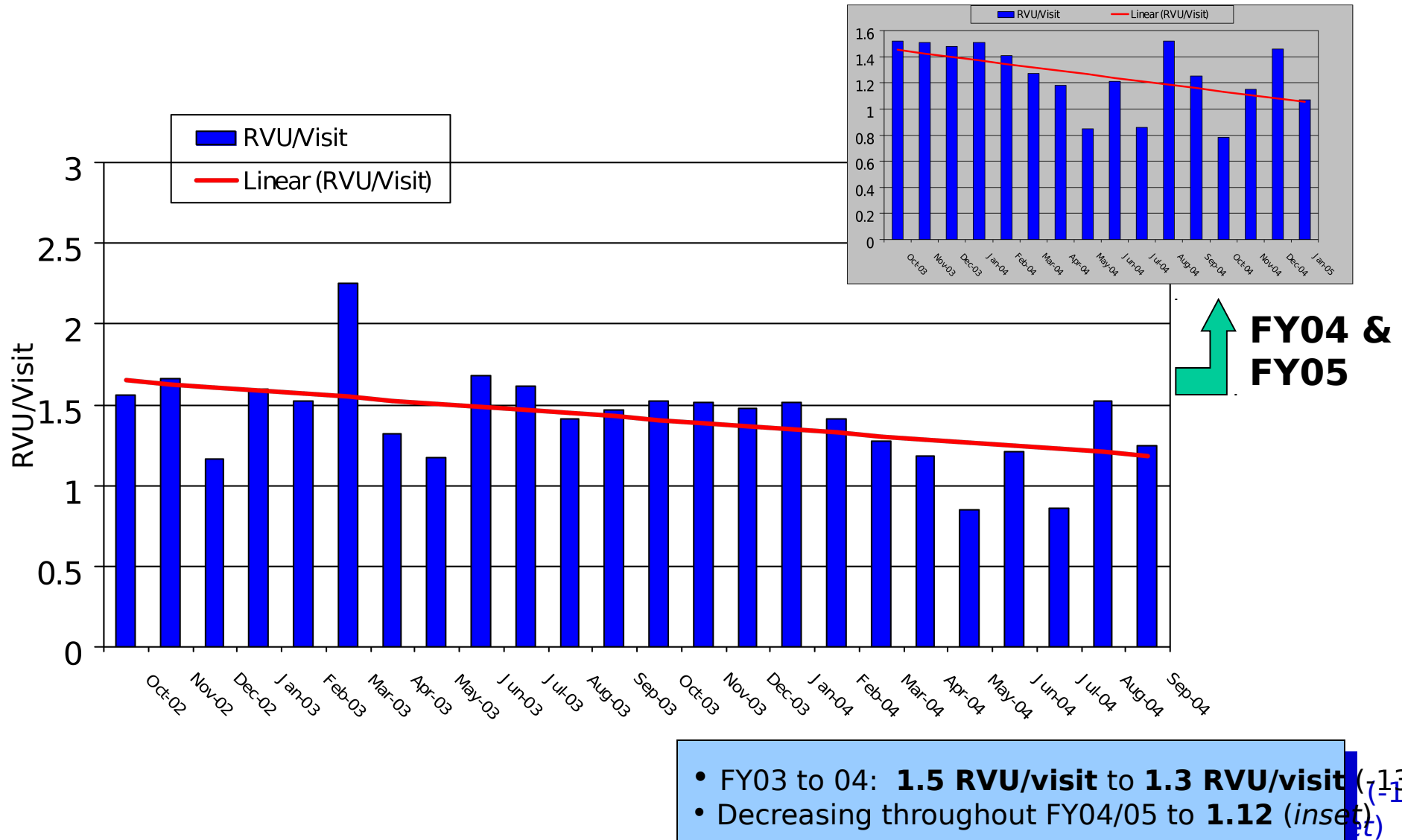


# Plastic Surgery FY03-FY04 RVUs



# Plastic Surgery

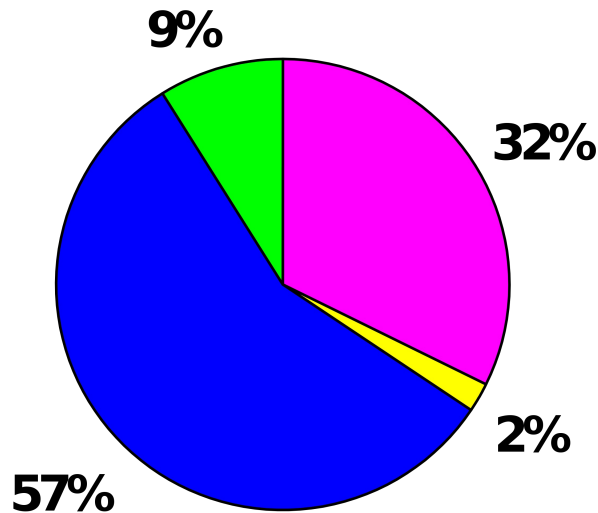
## RVUs/Visit FY03-FY04



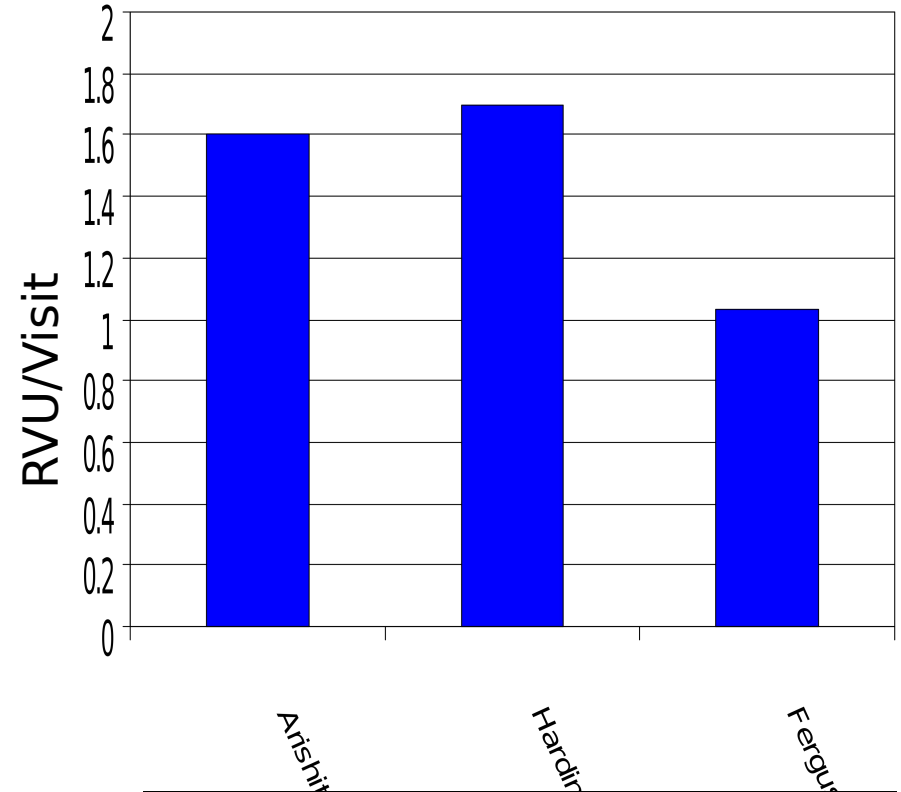
# Plastic Surgery

## RVUs and RVU/Visit\* by Provider (FY05)

■ Arishita ■ Hardin ■ Ferguson ■ Other

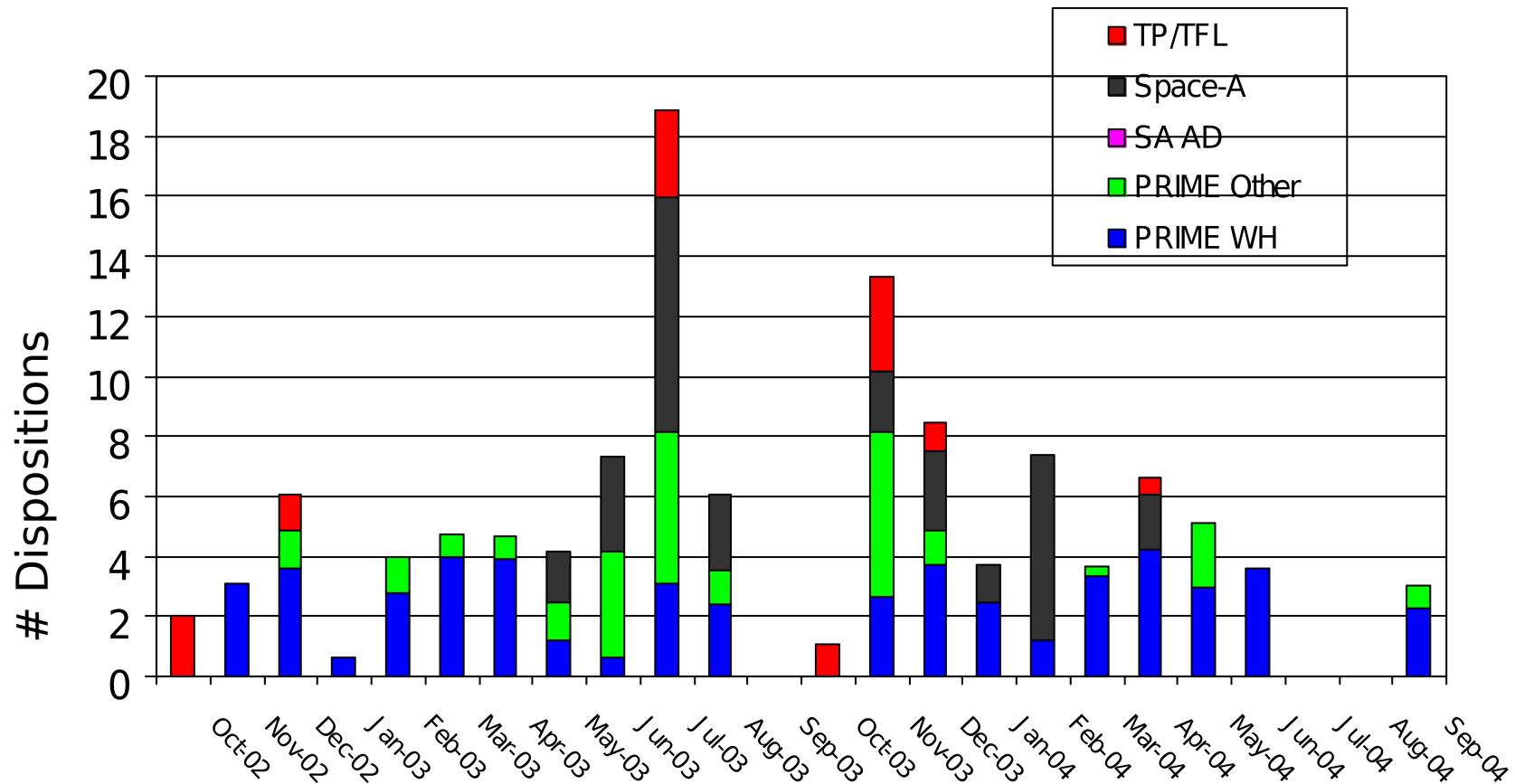


- Dr Arishita is part-time
- Dr Hardin deployed in Dec/Jan
  - Also MSGG/CC
- Other = residents



- Coded visits only \*
- Oct-Jan 05: 322 visits coded vs. 347 total or 93% as reflected in M2
  - 25 visits @ avg 1.2 RVU/visit = 30 RVUs
  - or \$2K BP implication

# Plastic Surgery Dispositions by Enrollment Type

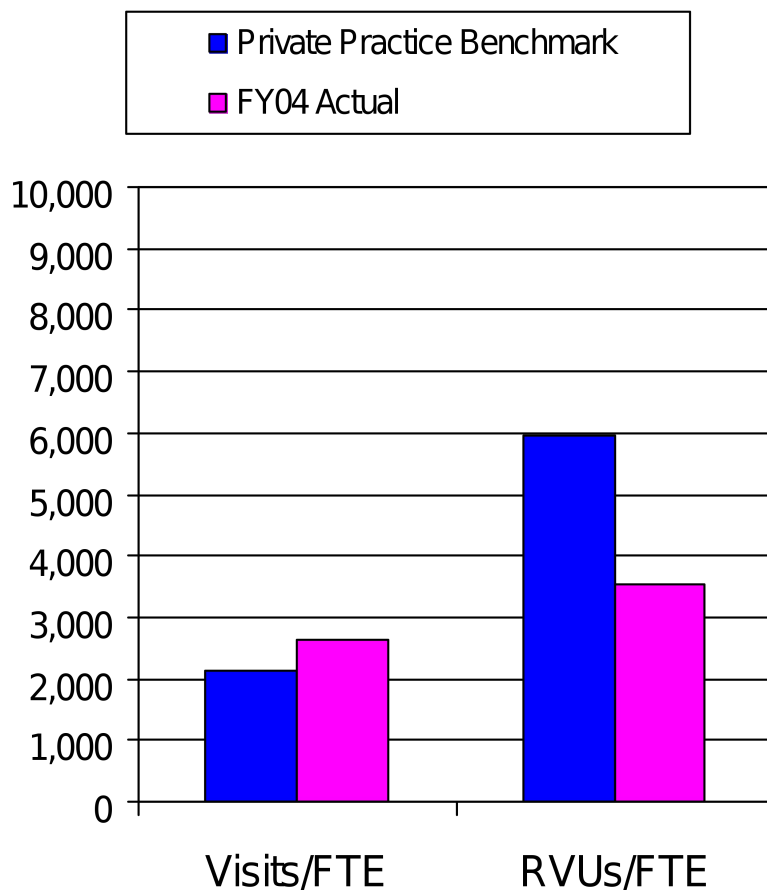


- Avg LOS: 3.1 days
- Avg RWP/Disp: 1.36

- FY03: 5.13 RWP/Mo
- FY04: 4.66 RWP/Mo

# Plastic Surgery

## Benchmark Comparison per FTE



	Avail per Clinic
#FTEs	0.71
FY04 Visits	1,880
FY04 Visits/FTE	<b>2,648</b>
PP Benchmark (Visits/FTE)	2,130
% Compared to Acad. Benchmark	124%
FY04 RVUs	2,520
RVU/Visit	1.3
RVU/FTE	<b>3,549</b>
PP Benchmark (RVUs/FTE)	5,947
% Compared to Acad. Benchmark	60%

- Private Practice benchmark average is 2.8 RVUs/visit
- FY04 Clinically Avail may be too low

# Plastic Surgery Business Plan Goals

- In FY05, your targets based on your FY03 Level of Effort (LOE)
- Goal: At *minimum*, focus on meeting/exceeding your FY04 LOE
  - Your FY04 performance compared to FY03 LOE below

RVUs	FY03	FY04	Difference	\$ Impact @ \$74/RVU
PRIME WHMC	1,837.1	1,379.1	(458.0)	(\$33,889)
Other PRIME	835.3	489.6	(345.8)	(\$25,588)
Active Duty Unenrolled	70.2	22.2	(48.0)	(\$3,553)
Space A	487.4	363.5	(123.9)	(\$9,166)
TP/TFL (age 65+)	424.1	266.0	(158.1)	(\$11,699)
Total	3,654.0	2,520.3	(1,133.7)	(\$83,895)
RWPs	FY03	FY04	Difference	\$ Impact @ \$6K/RWP
PRIME WHMC	25.3	26.4	1.1	\$6,600
Other PRIME	15.0	9.8	(5.2)	(\$31,200)
Active Duty	-			

## **Minimum FY05**

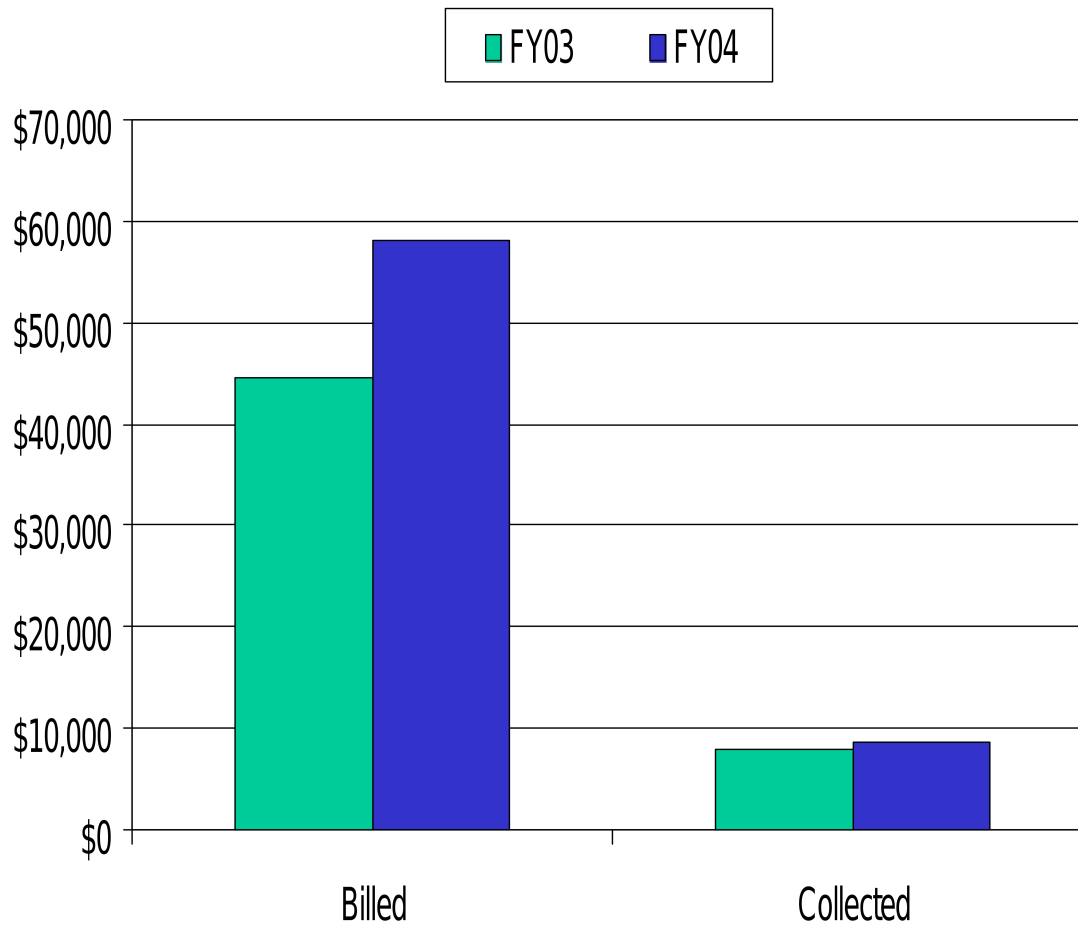
### **Goals:**

RVUs: 2,520 total or  
210 RVUs/mo

Inpatient: ~ 3

Disp/mo

# Plastic Surgery Reimbursements FY03 vs. FY04



- Billing up 30%
- Collections up 7%
- Rate of collections on the \$  
• FY03: 0.18  
• FY04: 0.14

# Plastic Surgery

## Next Steps

- Step 2
  - Follow-up: TBD
- Step 3
  - Projected WHMC/BAMC Brief: May 05





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# Clinic

## Clinic Initiatives

- Initiatives
  - Combined flight with Plastic Surgery (MCSK) to share resources
  - Excellent customer service with live person reachable when calling clinic at all times during duty hours
  - Shadow files on all patients for periodic coding review and continuity of care
  - Consults reviewed and triaged daily
  - Patients are booked in Plastic Surgery clinics directly by office staff to minimize conflicts

# Clinic

## Clinic Issues/Requirements

- Problems
  - Shared resources with plastic surgery
  - Lack of dedicated Plastic Surgery support
  - Intraoperative electrophysical monitoring
  - Plastic Surgery manning crisis
  - Minimum of 3 neurosurgeons at WHMC needed at all times to maintain elective case load, Level I trauma responsibilities, and GME